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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/763,424
	Filing Date	January 26, 2004
	First Named Inventor	Karlik, Steve J.
	Art Unit	1644
	Examiner Name	Haddad, Maher M.
	Attorney Docket Number	103930.B080061

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint the practitioners associated with the Customer Number:

23911

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☐ Firm or
Individual Name **Crowell & Moring LLP**
Address **PO Box 14300**City **Washington**State **DC**Zip **20004**Country **United States**Telephone **202-624-2500**

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
SIGNATURE of Applicant or Assignee of RecordSignature Name **Carl W. Battle, Senior Vice President, Chief Intellectual Property Counsel**Date **Feb. 10, 2009**Telephone **650-616-2644**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of **1** forms are submitted.

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